

**Army Regulation 500-4  
AFR 64-1**

**Emergency Employment of Army and Other  
Resources**

# **Military Assistance to Safety and Traffic (MAST)**

**Headquarters  
Departments of the Army, Department of  
the Air Force  
Washington, DC  
15 January 1982**

**Unclassified**

# ***SUMMARY of CHANGE***

AR 500-4/AFR 64-1

Military Assistance to Safety and Traffic (MAST)

This is a transitional reprint of this publication which places it in the UPDATE format. Any previously published permanent numbered changes have been incorporated into the text.

Effective 15 January 1982

Emergency Employment of Army and Other Resources

**Military Assistance to Safety and Traffic (MAST)**

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By Order of the Secretary of the Army:

E. C. MEYER  
*General, United States Army*  
*Chief of Staff*

Official:

ROBERT M. JOYCE  
*Major General, United States Army*  
*The Adjutant General*

**History.** This UPDATE issue is a reprint of the original form of this regulation that was published on 15 January 1982. Since that time, no changes have been issued to amend the original.

**Summary.** This regulation implements DOD Directive 3000.2, Employment of Military Resources for Military Assistance to Safety and Traffic (MAST), 1 September 1976.

**Applicability.** See paragraph 2.

**Proponent and exception authority.**  
Not applicable

**Army management control process.**

**Committee Continuance Approval.**  
**Supplementation.** Local supplementation of this regulation is prohibited, except upon approval of the Deputy Chief of Staff for Operations and Plans. Request for exception, with justification, will be sent through command channels to HQDA (DAMO–ODS), WASH DC 20310.

**Interim changes.** Interim changes to this regulation are not official unless they are authenticated by the Adjutant General, HQDA. Army users will destroy interim changes on their expiration dates unless sooner superseded or rescinded.

**Suggested Improvements.** The office of primary interest in this joint publication is the

Office of the Deputy Chief of Staff for Operations and Plans. Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) direct to HQDA (DAMO–ODS–MS) WASH DC 20310.

**Distribution.**

*Army:* Active Army, ARNG, USAR—A.  
*Air Force:* F.

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**Contents** (Listed by paragraph and page number)

Purpose • 1, *page 1*  
Applicability • 2, *page 1*  
Explanation of terms • 3, *page 1*  
Policies • 4, *page 1*  
Responsibilities • 5, *page 2*  
Procedures • 6, *page 2*  
MAST mission reporting • 7, *page 2*  
Funding. • 8, *page 3*  
Liability • 9, *page 3*

**RESERVED**

## 1. Purpose

This regulation establishes policies, procedures, and responsibilities for providing Department of the Army and Department of the Air Force resources in support of the Military Assistance to Safety and Traffic (MAST) program within the 50 states, the District of Columbia, the Commonwealth of Puerto Rico, and U.S. Possessions and territories.

## 2. Applicability

This regulation applies to the US Army, the US Air Force, and US Army and US Air Force Reserve Components.

## 3. Explanation of terms

*a. The MAST program.* An interagency effort among the Departments of Transportation (DOT), Health and Human Services (HHS), and Defense (DOD). DOD only provides interim support until civilian services can be established. DOD personnel, equipment, and supplies involved in the program will be kept in a continuous state of readiness; they must be ready to be used to respond efficiently and effectively to serious medical emergencies. Such emergencies may be the evacuation of accident victims, interhospital transfer of patients, or the transport of key medical personnel or blood and human organ transfer. The program provides the following to designated civilian communities:

- (1) Air ambulances/air rescue type helicopters
- (2) Air ambulance/air rescue-type crews
- (3) Medical personnel.
- (4) Medical equipment.

*b. MAST site.* A geographical area in which a MAST operation is conducted.

*c. Serious medical emergency.* A situation in which a person's perceived condition requires air transportation to a medical care center as quickly as possible to prevent death or aggravation of an illness or injury, and in which an alternative means of transportation is not adequate. This definition also includes situations where a person's condition requires the air transportation of medical materiel or personnel.

*d. Emergency medical services (EMS) system.* A system which provides for the availability of personnel, facilities and equipment to effectively deliver health care services to a specific geographical area under emergency conditions. These preplanned resources and their individual or joint response to a serious medical emergency make up an EMS system.

*e. MAST Interagency Executive Group (MIEG).* A group composed of one member each from DOD, DOT, HHS, Department of Interior (DOI), Federal Emergency Management Agency (FEMA), the National Safety Council, and the National Guard Bureau.

*f. MAST Interagency Coordinating Committee (MICC).* A committee composed of one member each from DOD, DOT, and HHS.

*g. Supporting military activity.* A military installation or location at which supporting military helicopters are regularly based. This includes the following:

- (1) Active US Army and Air Force installations.
- (2) US Army and Air Force Reserve Component aviation support facilities.

*h. Civilian MAST Coordinating Committee (CMCC).*

(1) A local committee that may be established by State and local government officials to advise or make recommendations regarding the MAST program to the State or local government official responsible for the EMS system for that area. Committee establishment, size and structure are determined by the appropriate State or local officials. Committee membership may consist of representatives from the following.

- (a) Ambulance service(s).
- (b) Medical society.
- (c) Area hospitals.
- (d) Health department.
- (e) Law enforcement agencies.
- (f) Fire department.
- (g) Local and State EMS organizations and interested citizens.

(2) A representative of the local supporting military activity may attend committee meetings when requested. Local supporting military activities will insure that CMCC's (including those already established) operate solely as local committees providing advice to State and local officials and that such committees do not become Federal Advisory Committees as defined in Appendix I, Title 5, U.S. Code and AR 15-1.

*i. MAST Operational Plan.* An operating plan developed by appropriate State and local officials. This plan integrates the military resources provided under the MAST plan into the EMS system of the area served by a MAST site. It also outlines procedures for utilizing MAST services. When appropriate, State or local officials may appoint a CMCC or similar body, to aid in the development of their operational plan. There is no specific structure required for this plan. The MAST Interagency Group Program Manual provides guidance for plan content. This plan should be updated at least every 3 years. A copy of the operational plan will be provided to the Executive Secretary, MAST Interagency Executive Group.

*j. MAST Project Officer* —A member of the MAST military unit who—

- (1) Is designated to speak for the unit.
- (2) Coordinates MAST project operations on a day-to-day basis.
- (3) Will normally attend CMCC meetings when requested.

## 4. Policies

*a.* The provisions of this regulation do not prohibit commanders from using military resources in response to civilian requests for emergency assistance authorized in existing agreements, directives, manuals, or regulations.

*b.* The coordination of local MAST operations will be accomplished by State and/or local officials or their representatives. The supporting military unit is not responsible for such coordination. However, one or more designated representatives from the supporting military activity will assist as necessary.

*c.* A MAST program will not replace a civil or commercially-owned component of an EMS system.

*d.* Military support to the civilian EMS system will be accomplished without impact on the military mission. Priority of utilization of military helicopter resources is as follows:

- (1) Combat readiness flying.
- (2) Support to field exercises/installation requirements.
- (3) MAST.

*e.* Final approval authority for each MAST mission rests with the local military commander or his designee. The decision to accept or reject a request for MAST assistance is based on aircraft availability, technical considerations, and unit mission requirements. Such requests must be validated in accordance with procedures outlined in the MAST operational plan.

*f.* MAST programs will not compete for emergency evacuation missions which can be accomplished by civil or commercial operators of ground or air ambulance services. If civil or commercial ground and/or air ambulance services are operating in the same geographic area covered by a MAST program, a letter of operational agreement must be negotiated between State and/or local officials or their representatives and these operators. The local military installation commander must be a signatory to this agreement.

(1) The letter of agreement will contain at a minimum, the following:

- (a) Capabilities of the MAST unit.
- (b) Capabilities of the civil or commercial operator.
- (c) Referral procedures between the military MAST unit and the civil or commercial operator. In general, civil or commercial resources should be committed to a mission before military resources unless the patients condition and/or location mandate use of military helicopters. These procedures should insure mission response is by the most appropriate organization.

(2) This letter of agreement will be written to avoid Government conflict with private enterprise. The fact that a commercial operator charges the patient shall have no impact on the decision to use or not to use a commercial operator.

(3) Letters of agreement will be renewed every 2 years, or sooner if changes occur.

g. Military medical personnel participating in the MAST program must be trained to meet proficiency levels as outlined in the Department of Transportation Basic Emergency Medical Technician-Ambulance Training Course. If a training program is not available at the local military installation, State and/or local officials or their representatives must arrange for the civilian community to provide this training at no expense to the military.

h. MAST operations will normally be conducted within a 100 nautical mile (NM) radius of the supporting military installation or activity.

i. For all inter-hospital transfer missions, the attending physician will attest that a serious medical emergency exists which is beyond the capability of the originating medical facility and that suitable commercial means are not available to transport the patient. In addition, the requesting physician must—

(1) Provide written instructions for care of the patient to the military medical attendant, or

(2) Designate qualified medical personnel to accompany the patient on the flight. The MAST unit or installation will not be responsible for returning medical personnel or equipment to the initiating hospital.

(3) Arrange for admission of the patient at the designated receiving hospital.

j. Approval for MAST missions outside the 100 NMI radius may be approved under the following conditions:

(1) Death or disablement of the patient is inevitable unless a MAST helicopter is used.

(2) MAST helicopter is the only available means of transportation, considering the seriousness of the patient's condition and accessibility of the patient by surface personnel or vehicles.

k. Physicians, nurses, and other medical personnel may be transported in conjunction with a MAST mission. Next-of-kin may be allowed to accompany the patient when it is in the best interest of the patient. Normally only one next-of-kin will be allowed. Transporting other civilians will be governed by applicable Service regulations and directives.

l. MAST sites will be established at military installations only when the following conditions exist:

(1) Air ambulance or rescue-type units are regularly assigned to the installation.

(2) Aeromedical personnel and equipment are available at the installation.

m. Medical equipment used on board MAST-designated aircraft must be tested and approved for in-flight use by the organizations listed in (1) and (2) below.

(1) US Army Units.

Academy of Health Sciences, US Army

ATTN: HSA-ETE

Fort Sam Houston, TX 78234

AUTOVON: 471-2224/2312

(2) US Air Force Units.

USAF School of Aerospace Medicine (AFSC)

ATTN: Biomedical Systems Branch

Brooks AFB, TX 78235

AUTOVON: 240-3401/2866

## 5. Responsibilities

The supporting military activity or installation will—

a. Provide military representation to the CMCC when established. If the committee is incorporated, provide a military point of contact with the corporation. Military personnel will not serve in an official capacity as an officer or director of incorporated committee.

b. Provide supervision and technical assistance for the installation of radio equipment provided by State and/or local officials or their representatives for use in military helicopters. Radios provided by these officials or their representatives will be returned upon request. Military units will comply with appropriate Service directives prior

to installation of nonstandard communications equipment in military aircraft.

c. Coordinate a joint public information and education program with State and/or local officials or their representatives for all communities and organizations involved with the MAST program. The program will, at a minimum, include briefings on the following:

(1) Flight operations.

(2) Capabilities and limitations of military helicopters.

(3) Patient loading and unloading procedures.

(4) Safety.

(5) Use of emergency and special medical equipment.

(6) Establishing and marking helicopter landing sites.

(7) Communications equipment.

(8) Priority of MAST in relation to military requirements.

(9) Professional aspects of aeromedical evacuation to include selection of patients and special precautions during evacuation.

d. Conduct semiannual medical audits of MAST missions to provide for quality assurance of medical care provided during MAST missions. This may be accomplished by a military physician designated by the installation commander or a physician designated by appropriate State and/or local officials or their representatives.

e. Participate in the negotiation of joint letters of agreement between State and/or local officials or their representatives and operators of civil or commercial ground and air ambulance services in the geographic area supported by a MAST site.

f. Conduct safety surveys of frequented hospital landing sites, and report safety violations (hazards) to State and/or local officials or their representatives for correction. Provide updated information to unit personnel.

g. Conduct hoist missions, when necessary, during MAST missions; however, military units will follow applicable Service directives and letters of instruction.

## 6. Procedures

a. Medical evacuation requests will be of the following kinds:

(1) *Normal request.* Normally, MAST mission requests will be transmitted directly to MAST operations by a hospital official, law enforcement official, or other designated official approved by appropriate State and/or local officials or their representatives.

(2) *Special requests.* Special equipment, such as a portable incubator or defibrillator, may be required for the safe evacuation of a particular patient. For such cases, the donating hospital is responsible for providing this equipment to the supporting MAST unit. The return of this equipment will also be coordinated by the hospitals involved. The MAST crew will not be the responsible agency for the return of these special items of equipment. However, the pilot-in-command may assist in returning those items depending on availability of flight time and other technical considerations associated with their return.

b. Requests for transfer of medical equipment, whole blood, biologicals, vital organs, medical personnel, etc., will be accepted based on stipulations in 6a(2), above.

## 7. MAST mission reporting

a. *Air Force units.*

(1) A MAST Mission Narrative Report, (RCS HAF-XOO (D&AR) 7119), will be prepared for each mission flown. This report will be telephonically submitted to the USAF Rescue Coordination Center AFRCC, Scott AFB, IL, immediately upon completion of each mission.

(2) The following information will be provided on the MAST Mission Narrative Report:

(a) *Date* —calendar date of mission.

(b) *MAST mission number.* Combination of MAST unit and sequential numbering of mission. Mission number will be assigned by the AFRCC at time of call-in.

(c) *Situation.*

1. MAST mission objective (purpose).

2. Actions taken.

3. MAST unit (designation and location).

4. Time of notification and launch (Zulu time).

(d) *Personnel Information.*

1. Number involved, located, recovered.
2. Known location (if other than recovery site).
3. Recovery site (geographic reference).
4. Destination hospital (name and location).
5. Flying activity (aircraft sorties and hours flown).

(e) *Summary of MAST Actions.*

1. Origin of alert.
2. Number of helicopters launched.
3. Disposition of patient.
4. Sex of patient.
5. Closure time.
6. Extent of injuries/nature of illness of patient (expressed in layman's language).
7. Reason aeromedical evacuation was required.
8. Necessity for transfer of medical supplies.
9. The opinion of the pilot-in-command of the validity of the mission.

b. *Army units.*

(1) A MAST Mission Narrative Report will be prepared for each mission flown. This report will normally be maintained at the unit level. If a MAST Mission is covered under the criteria in *d* below, the report will be submitted immediately to HQDA(DAMO-ODS), WASH DC 20310. Information copies will be sent to appropriate headquarters.

(2) The following information will be provided on the MAST Mission Narrative Report:

- (a) MAST Date-Time Group.
- (b) Unit, Mission Number, and Flight
- (c) Number Involved/Located/Recovered. If patient was not recovered, state the reason in the remark's section.
- (d) Patient Location. If the patient was outside the 100 NMI radius, state this in the remarks section.
- (e) Patient Destination.
- (f) Patient Illness/Injury.
- (g) Valid Mission—Yes or No. If in the opinion of the mission commander the mission was not valid, state the reason and action taken with the local CMCC in the remarks section.
- (h) Remarks.

1. State if additional paramedics, doctors, nurses, or relatives accompanied the patient.

2. State if MAST mission was for medical equipment, medical personnel, blood, or vital organs.

3. If the mission had national or international implications, describe the circumstances *in detail*.

4. Any unusual circumstances will be described *in detail*.

5. Hoist mission. Described any problems encountered.

c. *Consolidated reports.* If more than one MAST unit is employed, a consolidated report will be submitted by the unit receiving the initial request.

d. *Telephonic reports.* Missions of national or international significance or unusual interest (aircraft accident/incident) to DOD will be reported directly to HQDA by participating Army MAST units. Air Force MAST units will report such missions to the concerned AFRCC prior to calling HQDA. Report to the Army Operations Center (AOC) at Autovon: 227-0218/0219 or use the Army Switch 851-3350. This will be accomplished as soon as possible subsequent to alert notification. Provide all information that is immediately available concerning the nature of the MAST mission. This telephonic report is in addition to the reports prescribed above.

e. *Monthly reports (RCS GPO-428).* All units (Army/Air Force) participating in MAST will also provide a monthly report of the previous month's MAST mission statistics. The report will include total missions, patients, and hours since activation. Missions will be categorized as Hospital Transfers, On-Site Recoveries, or Blood/Organ/Medical Supply/ Medical Personnel. This report will be electrically transmitted so as to arrive at HQDA(DAMO-ODS) WASH DC no later than the 5th of each month. For those units without an electrical transmit capability, the report may be made telephonically to HQDA(DAMO-ODS)—Comm: (202) 697-1096/8461/AV:

227-1096/8461; Telefax No. Comm: (202) 697-3147/AV: 227-3147.

## 8. Funding.

Participation in the MAST program shall not cause any increase in funds required for the operation of the military unit involved.

## 9. Liability

No individual, or his or her estate, shall be liable for injury or death which may be caused incident to providing MAST services if the person—

a. Is authorized by the Department of the Army or Air Force to perform services under the MAST program established pursuant to this regulation.

b. Is acting within the scope of his or her duties.

**Unclassified**

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